
Journal Abstracts

The following abstracts are reprinted verbatim as they appear in the cited source.

Bartfield, J. 2000. Child support and the postdivorce economic well-being of mothers, fathers, and children. *Demography* 37(2):203-213.

This article provides national estimates of the current and potential impact of private child support transfers on the economic well-being of custodial and noncustodial families following marital dissolution. Mothers and children fare dramatically worse than fathers after marital dissolution; these differences, however, would be much more pronounced in the absence of private child support. Simulations of four existing child support guidelines show that substantial increases in economic well-being among mother-custody families are possible within the structure of the existing child support system, with minimal impact on poverty among nonresident fathers. Under all of these guidelines, however, custodial-mother families would continue to fare substantially worse than nonresident fathers.

Greene, A.D. and Moore, K.A. 1999. Nonresident father involvement and child well-being among young children in families on welfare (Abstract No. 159). In H.E. Peters, R.D. Day, and Guest Editors (Eds.) *Fatherhood: Research, Interventions and Policies, Part I. Marriage & Family Review* 29(2/3).

This study uses early descriptive data from the National Evaluation of Welfare to Work Strategies (NEWWS) Child Outcome Study, a sub-study of the

larger random assignment evaluation of the Federal JOBS program, to answer two timely and important questions. First, what factors predict father involvement among nonresident fathers of young children who receive welfare? And second, is nonresident father involvement associated with better outcomes for these children? The three measures of nonresident father involvement examined are father-child visitation, formal child support payments received through the welfare office, and informal child support, such as money given directly to the mother, groceries, clothes, or other items. Findings reveal that while only 16.6% of fathers provided child support through the formal system during the past year, a considerably larger proportion, 42.3%, provided informal child support, and 67% visited at least once in the past year. Informal support and father-child visitation are the most highly correlated forms of involvement, and they share many of the same predictors. Only two predictors are significant and in the same direction for all three measures of nonresident father involvement. Father's residence in the same state as the focal child and the provision of support for the child from the father's family are associated with a higher likelihood of his involvement. In general, findings for the child well-being measures show that monetary and material contributions from the father, especially contributions provided informally, are positively associated with more positive child well-being outcomes.

Byrd-Bredbenner, C. and Grasso, D. 2000. What is television trying to make children swallow?: Content analysis of the nutrition information in prime-time advertisements. *Journal of Nutrition Education* 32:187-195.

The purpose of this study was to identify, content analyze, and describe the nutrition-related information (NRI) in commercials aired during the top-rated, prime-time network shows viewed heavily by the age 2- to 11-year-old category. A total of 17.5 hours of programs were videotaped during fall 1998. The NRI in the commercials was content analyzed by two researchers using the instrument developed for this study. Nearly one-quarter of the sampled programming (258 minutes) was used for commercial time. Of the 700 commercials shown, 67% were advertisements for goods and services, 32% were promotions for upcoming television programs, and 1% was public service announcements. One-third of the commercials contained NRI in the form of references that were verbal, written, visual and/or that showed people eating. NRI was most common in advertisements for products and services and was present in all product categories (e.g., electronics, automotive, financial services, foods and beverages). Approximately half of the NRI in food and beverage advertisements (N = 108) was misleading or inaccurate. The most frequently used claim to promote foods and beverages was taste; nutrition promotional claims were used much less often. Television must be recognized

as a major source of nutrition (mis)-information. An awareness of the NRI on television can help nutrition educators aid clients in making food choices more in line with current recommendations. This study's findings also point to the need to develop consumer education programs that equip individuals of all ages with the skills needed to assess the validity of nutrition information presented via television. In addition, it is clear that nutrition educators need to advocate for more advertisements for healthful foods and work with advertisers to help them send positive, accurate nutrition messages.

Keane, C.R., Lave, J.R., Ricci, E.M., and LaVallee, C.P. 1999. The impact of a children's health insurance program by age. *Pediatrics* 104(5): 1051-1058.

Objectives. 1) To examine age variation in unmet need/delayed care, access, utilization, and restricted activities attributable to lack of health insurance in children before they receive health insurance; and 2) to examine the effect of health insurance on these indicators within each age group of children (in years).

Methods. We use cohort data on children before and after receiving health insurance. The study population consists of 750 children, 0 through 19 years of age, newly enrolling in two children's health programs. The families of the newly enrolled children were interviewed at the time of their enrollment (baseline), and again at 6 months and 1 year after enrollment. The dependent variables measured included access to regular provider, utilization, unmet need or delayed health care, and restrictions on activities attributable to health insurance status. All these indicator

variables were examined by age groups (0-5, 6-10, 11-14, and 15-19 years of age). X^2 tests were performed to determine whether these dependent variables varied by age at baseline.

Using logistic regression, odds ratios were calculated for baseline indicators by age group of child, adjusting for variables commonly found to be associated with health insurance status and utilization. Changes in indicator variables from before to after receiving health insurance within each age group were documented and tested using the McNemar test. A comparison group of families of children enrolling newly 12 months later were interviewed to identify any potential effects of trend. *Results.* All ages of children saw statistically significant improvements in access, reduced unmet/delayed care, dental utilization, and childhood activities. Before obtaining health insurance, older children, compared with younger children, were more likely to have had unmet/delayed care, to have not received health care, to have low access, and to have had activities limited by their parents. This pattern held for all types of care except dental care. Age effects were strong and independent of covariates. After being covered by health insurance, the majority of the delayed care, low utilization, low access, and limited activities in the older age groups (11-14 and 15-19 years) was eliminated. Thus, as levels of unmet need, delayed care, and limitations in activities approached zero in all age groups by 1 year after receipt of health insurance, age variation in these variables was eliminated. By contrast, age variation in utilization remained detectable yet greatly reduced.

Conclusion. Health insurance will reduce unmet need, delayed care, and restricted childhood activities in all age groups. Health care professionals and

policy makers also should be aware of the especially high health care delay, unmet need, and restricted activities experienced by uninsured older children. The new state children's health insurance programs offer the potential to eliminate these problems. Realization of this potential requires that enrollment criteria, outreach strategies, and delivery systems be effectively fashioned so that all ages of children are enrolled in health insurance.

Rank, M.R. and Hirschl, T.A. 1999. The economic risk of childhood in America: Estimating the probability of poverty across the formative years. *Journal of Marriage and the Family* 61(4):1058-1067.

This article estimates the proportion of children in the United States who will experience poverty at some point during their childhood. These proportions are derived through a set of life tables built from 25 waves of longitudinal data. They represent a fundamentally different approach to studying poverty than either a cross-sectional or poverty spell methodology. Our data indicate that between the ages of 1 year and 17 years, 34% of American children will spend at least 1 year below the poverty line, 40% will experience poverty at the 125% level, and 18% will face extreme poverty (below 50% of the poverty line). A series of bivariate and multivariate life tables reveal that race, family structure, and parental education all have a sizeable impact on the likelihood of experiencing poverty. During the 17 years of childhood, 69% of Black children, 81% of children in nonmarried households, and 63% of children whose head of household had fewer than 12 years of education will be touched by poverty.